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ABSTRACT

A description is provided of a 15-month, in-service nursing education program at Childrens Hospital (Los Angeles, California). The first sections of the paper describe Childrens Hospital and provide a rationale for the hospital-based program. A listing of program goals and objectives is also provided, indicating that the curriculum is designed to enable the new hospital employee to acquire theoretical knowledge drawn from both nursing and allied sciences, practical skills, and assessment abilities. After outlining the specific objectives of the course in terms of learning outcomes and performance improvement, the paper identifies the groups for whom the course is intended. The bulk of the document consists of a description of the following units: (1) Professional and Interpersonal Enhancement Training; (2) Neonatal Nursing; (3) Pediatric Intensive Care Nursing; (4) the Procedure Unit; (5) From Infancy to Adulthood; (6) Oncology Nursing; (7) Infectious Diseases; (8) the Operating Room/Recovery Room; (9) the Emergency Room; (10) Ambulatory Nursing; and (11) Dialysis Nursing. The procedure for implementation is described, followed by an evaluation scheme which serves to clarify program objectives. Finally, procedures for curriculum revision and a short bibliography are presented. (LAL)

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Childrens Hospital Inservice Education Curriculum

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at Los Angeles

Childrens Hospital Inservice Education Curriculum

Type of Institution

Childrens Hospital of Los Angeles is a major regional pediatric teaching and research institution. On staff there are 800 physicians, of these, 600 attending, 600 nurses, 40 physical and respiratory therapists, and considerable ancillary support personnel. Annually, it treats over 11,000 children on an inpatient basis and approximately 120,000 in clinic and emergency room visits. Over 40% of the inpatient services are for highly specialized "tertiary" level care which includes neonatal intensive care, pediatric intensive care, and specialized oncology programs among others. Common themes throughout the development of the hospital have been care for the poor, philanthropic support and specialized treatment for pediatric problems. These evolved into Childrens receiving major support from government revenue sources.

Clinical services are complemented by major educational programs that offer training for over 100 house staff, nurses' training (8 schools), and separate schools of Medical Technology, Physical Therapy and Radiologic Technology.

Rationale

Childrens Hospital is an institution well known and respected for its expertise in treating highly complex medical and surgical

conditions arising in children. To complement such care, nursing must also be of the highest caliber, possessing the most sophisticated knowledge. Skills need to be current, practice research-oriented and interpersonal skills developed so as to enhance the team approach which is so vital in such a progressive setting. These courses have been constructed to meet just such aims. They demand of the participant a drive to excel in her practice well beyond day-to-day task accomplishing.

The nursing department of Childrens Hospital sees their primary task as providing a high quality of care to patients and families. Their philosophy is based upon the central belief that the nursing care of children is a specialized area of clinical practice and must center on the child and family.

The inservice education department feels strongly committed to preparing nurses to function maximally in their own setting and to a minimun standard in all the specialized divisions of the hospital and, for that reason, has set up a 15 months long curriculum program for which CEUs are awarded. They too possess their own philosophy, a fundamental step in determining criteria for any design. A modified progressive approach is assumed here as learning is, as much as possible, student-centered and somewhat problem-oriented although there is a fundamental structure. It is also utilitarian in that "hands-on" is given immediately or fairly closely following didactic presentation. Lastly, it could be seen as pragmatic as learning is taking place where it will be applied.

The hospital possesses two intensive care units and so the added burden here would be to prepare these nurses for imminent life threatening situations which produce a high stress environment and the management of intricate machinery which requires knowledge of various and interacting pathological conditions.

Four West, the oncology unit, calls for a special understanding, on the part of the nurse, of the biopsychosocial needs of the patient and family. Interpersonal skills are rated above technical competence, although the knowledge base needed for this specialty is quite broad and ever expanding. Identifying their own feelings and attitudes toward cancer would be necessary.

As the care of children requires much sensitivity, the education department initiates each year's program with a mandatory course which not only provides unifying skills but also promotes personal and professional growth. It is felt that personal development must preceed any other if one is going to be able to relate to and share herself with her patients and their families.

The curriculum is designed for students wishing to attain:

1. preparation to function with maximum effectiveness in their specialty area and to meet the standards of practice employed in the others, or more, if she so desires.
2. membership in a float pool for the hospital which can provide necessary and vital support in times of shortage.
3. enhancement of their personal and professional growth.
4. continuing education units (CEUs) that not only validate licensure but, most importantly, provide knowledge and

skills which particularly relate to the types of patients Childrens tends to have.

5. knowledge of the nursing process so their care overall will be more comprehensive and consistent.

At the conclusion of this hospital-based in-service education program, it is expected that all new personnel will be able to pass the mandatory aspects of the curriculum for her specialty area, as well as any taken voluntarily, in order to possess sufficient competence for a staff nurse position in that setting, and possess a command of the nursing process so that care is systematically given throughout the house.

Goals and Objectives

"The central problems of a curriculum design are to determine the scope of expected learning, to establish a continuity of learning and proper sequence of content and to unify ideas from diverse areas." (Taba, 1962, p. 13).

The goal of this program is very broad in scope and certainly draws in skills from multiple areas with the unifying principle being the child. The curriculum's goal is to enable the new Childrens Hospital employee to acquire the theoretical knowledge drawn from both nursing and allied sciences, practical skills, and assessment abilities so as to enable her to provide quality care in all departments of the hospital and with the most proficiency in her own assigned area. For this, information regarding physiology, pathology and treatment in the various specialties will be shared-most extensively in the individual units of course - as

well as how this knowledge is applied in the nursing process and at the bedside. Inclusive in this goal would be the development of interpersonal and communication skills that are specifically aimed at the child leading to a more aware and fulfilled care giver.

A secondary goal would be to bring about, through continued use of the nursing process, and emphasis in course work on research in the various fields, a more professionally oriented and accountable care giver.

Overall objectives for this goal pertain to which courses are mandatory for that employee. Additionally, if the employee opts to further his knowledge in other areas, these areas would also be included here:

1. 90% of those initiating their mandatory courses will complete them and achieve an 80% passing score on a final comprised mostly of short-answer questions and 1-2 essays covering the material in that unit.
2. Activities supervised on the floor as "hands-on" training will be broken down into component parts and each part labeled critical/non-critical. 95% of all students will complete 80% of such procedures correctly with all the critical aspects carried out correctly.
3. 90% of the participants will receive a "satisfactory or above" on their six month performance evaluation which will be filled out by their immediate supervisor in the clinical area six months after completion of the course. Such evaluations will look at clinical competence, contributions to the nursing care plan gathered

from assessments, inter-personal skills and participation on committees.

4. 80% of all graduates will, within six months following completion of the course, subscribe to a professional magazine specific to their area of practice.
5. 70% of all graduates will, within one year following the program, show evidence of personal growth and enhanced interpersonal and communication skills, by applying for primary nurse positions (if available on their unit).
6. Float personnel, three months following their finishing, will attest to an increased degree of comfort when floating, and a 50% decrease in nursing errors by float personnel will be seen.

Students for Whom Intended

All new RNs and LVNs at Childrens Hospital and any present staff who wish to refresh their knowledge base and skills or transfer to a different area are invited to enroll. Childrens only employs licensed help for direct patient care. For the new or transferring employee, the core course (Unit I) is mandatory along with the course content for the area in which she is to work. For those hired into the float pool, the core and the segment on her home base are mandatory but she is encouraged to take others. Mandatory indicates that the nurse is paid a full-time salary while attending classes. Childrens' hiring practices are quite rigid. New graduates are accepted but reference checks

and screening interviews are involved. We look for professionalism, attentiveness, empathy, good scholastic standing and/or previous job performance, individual accountability, a philosophy of patient care consistent with the hospital's and a recognition of the interplay of other disciplines in achieving patient care goals.

Group size, as much as possible, is limited. In the clinical units, ten to fifteen are accepted and in Unit I, all (usually 50) hired in since it was last given. As the Coleman report indicated - "higher per pupil expenditure, a curriculum that offers greater challenges, more laboratories and more activities" is positively related to higher achievement, the most powerful relationship deriving from "the attributes of ... fellow students in school" (Coleman, 1966, p. 22). Coleman was specifically speaking of the presence of advantaged students causing disadvantaged students to succeed more, but I feel this can be extended to RNs and LVNs. The LVNs might be said to be less advantaged in their educational preparations. Backgrounds differ but we look to see that motivation and perspective agree.

Annotated List of Courses

As there are ten identifiable specialty areas at Childrens Hospital, the total curriculum takes fifteen months to complete. Each course runs two to six weeks and meets five days a week for eight hours. Clinical time is placed so as to best accomplish mastery of skills. The curriculum is repeated in its entirety every two years but individual clinical units may be repeated as often as every three months to accommodate new personnel.

Unit I: Professional and Interpersonal Enhancement Training (four weeks)

01. Stress Management

Theory of stress and its effects is discussed. Techniques are taught in how to lessen one's own and others' responses to it and in how to make stress work for you.
(16 hours lecture and lab)

02. The "Color" Workshop

Through the use of colors, one learns to identify one's own and others' personality traits and how best to deal with differences therein.
(8 hour workship)

03. Awareness Training

Theories from psychology are discussed which provide insight into one's own reactions as well as those of children to life experiences. Tips given as how best to cue into what is truly going on in an interaction.
(16 hours lecture and lab)

04. Leadership Training

Assertiveness, change theory and group dynamics are taught.
(8 hours lecture and lab)

05. The Loss Experience

Death, dying and the grieving process are discussed in detail with emphasis on the nurse's role in them. Clinical calls for time to be spent with parents of terminally ill infants and/or with dying children.
(24 hours lecture and lab)

06. Dealing with Pain

Theories relating to pain, its non-pharmacological management and its effect on the patient, his loved ones and the nurse are discussed.
(16 hours lecture and lab)

07 Enhancing Communication Skills

Verbal and non-verbal communication patterns are brought to light.
(8 hours lecture and lab)

08. Introduction to the Nursing Process

Assessment, diagnosis, intervention and evaluation of treatment are introduced as providing a systematic

approach to patient care. Examples from different specialties are presented. A specific nursing model is applied and care plans developed from it.
(24 hours lecture and lab)

09. Nursing Research

Techniques and terminology are lightly touched upon.
(8 hours lecture and lab)

10. Growth and Development Throughout the Life Span

This course deals with normal growth and development from two months of age to adulthood, how illness affects it and nursing implications. Physical assessment skills looked at.
(16 hours lecture and lab)

11. Psychosocial Developmental Stages

As the hospital treats from infancy to adulthood, theorists' views of the ability of the individual to accept illness and how perceptions of self are then altered are presented.
(8 hours lecture)

12. Sociocultural Aspects of Health and Illness

Sociocultural factors affecting differential patterns of health behavior, illness behavior and sick role behavior are discussed.
(8 hours lecture)

Unit II: Neonatal Nursing (6 weeks)

01. Introduction to the Neonatal Unit

Physical assessment skills reviewed. Basic neonatal care discussed. Use of equipment specific to the unit taught -- EKG monitoring, warming beds, etc.
(24 hours lecture and clinical)

02. Gestational Assessment

Dubowitz parameters used. New admissions on unit rated and then compared with dates given by mother.
(4 hours lecture and lab)

03. Cardiorespiratory Assessment

Normal anatomy and physiology for different gestational ages discussed. Assessment skills in this area further refined.
(24 hours lecture and clinical)

04. Emergency Medications/Oxygen Therapy

A review of all medications commonly used on the neonate under emergency conditions with emphasis placed on dosage is discussed. Appropriate oxygen dosages also explored.
(8 hours lecture and lab)

05. Pulmonary Diseases

The diagnosis, treatment and nursing care of such entities as RDS, BPD and Meconium Aspiration are gone into. Clinical experience follows with skills such as ABG drawing, use of Priscoline and management of chest tubes being taught.
(40 hours lecture and clinical)

06. Monitoring Ventilator Function

The nurse is given a thorough rundown of all of its capabilities, the many types and nursing responsibilities toward them.
(4 hours lecture and lab)

07. Neurological Disease States

The developing nervous system is looked at and what can go wrong during or following birth along with its management.
(24 hours lecture and clinical)

08. Cardiac Defects

PFC, PDA, CHD and shock as presenting problems for the neonate are lectured upon. Diagnosis, treatment and nursing care are carried over into the clinical experience.
(40 hours lecture and clinical)

09. Medical Emergencies

The etiology, pathophysiology and symptomatology of sepsis, hyperbilirubinemia, and electrolyte imbalances are discussed. Nursing and medical management are also presented.
(24 hours lecture and clinical)

10. Surgical Emergencies

The most common in the newborn, G.I, are presented along with others and their management and nursing care implications.
(40 hours lecture and clinical)

11. Neonatal Nutrition

From breastfeeding to TPN, the alternatives and their advantages and disadvantages on electrolyte balance and growth are gone into.
(4 hours lecture)

12. Psychosocial Environment of the Chronically Ill Child

Occupational and physical therapy discuss stimulation methods, active and passive exercise techniques and AV apparatus for the bed so as to lessen hospital sterility in the environment.
(4 hours lecture and lab)

13. Ethical Considerations in the Care of the Terminally Ill Child

Taped parental interviews and recent legislation on termination of life support mechanisms are a few of the items discussed.
(4 hours lecture)

Unit III: Pediatric Intensive Care Nursing (6 weeks)

Course outline is identical to that presented for neonatology. Subject matter is adjusted to cover the particular problems of the older child under the same subdivisions. For instance, gestational assessment replaced by a discussion of how the patient's age might determine how his organ systems can handle whatever insult they've been given.

Unit IV: The Procedure Unit (4 weeks)

01. Introduction to the Unit

The physical lay-out of the unit and various techniques employed therein are discussed.
(16 hours lecture and clinical)

02. Concepts in Chemotherapy and the Nurse's Role

Alternate forms of therapy - their complications, rationales, methods of administration, and nursing implications are discussed.
(40 hours lecture and clinical)

03 The Diabetic Patient

The nurse is taken from diagnosis to the latest treatment modalities with management of acute

emergencies and the nursing role emphasized.
(40 hours lecture and clinical)

04. Principles of Learning

As the unit has a heavy emphasis on education, the theories of learning and the structuring of lessons are reviewed in great detail.
(24 hours lecture and clinical)

Unit V: From Infancy to Adulthood (4 weeks)
(Covering Floors 4 East, 5 East, 6 East

01. Common Medical/Surgical Conditions (2 mos-12 yrs.)

What commonly afflicts the child during this time, its treatment and nursing care and its impact upon the family unit is discussed.
(40 hours lecture and clinical)

02. Common Medical/Surgical Conditions
(12 years - adulthood)

The variety of diagnoses encountered in this age group and their general management are discussed.
(32 hours lecture and clinical)

03. Uncommon Medical/Surgical Conditions
(2 mos - adulthood)

Stressed in this section among other things are childhood illnesses that continue into adulthood, their treatments and impact upon family development.
(32 hours lecture and clinical.

04. The Hospitalized Child

The use of play therapy and occupational therapy to bridge the transition and provide children with avenues to express feelings is presented.
(24 hours lecture and clinical)

05. The Chronically Ill Individual/The Rehabilitation Setting

Here one learns how best to assist the family and patient to cope using interaction therapy. Also discussed is what rehabilitation services are available within the facility. Psych/social counseling attended.
(40 hours lecture and clinical)

Unit VI: Oncology Nursing (6 weeks)

01. Cancer Nursing

The expanding role of the nurse in prevention and management, broadening areas of treatment and what supportive therapy is available are generally discussed. Physical assessment skills looked at.
(24 hours lecture and lab)

02. Varying Types of Cancer

Extensive look at causation, development and treatments. As different diagnoses discussed, time spent on unit caring for patient with entity.
(40 hours lecture and clinical)

03. Diagnostic Tools and Staging

Screening tests, physical assessment findings, and the use of radiography and surgery are all discussed.
(16 hours lecture and clinical)

04. Concepts in Chemotherapy and the Nurse's Role

Alternate forms of therapy - their complication, rationales, methods of administration and nursing implications are discussed.
(40 hours lecture and clinical)

05. The Laminar Flow Unit

Its setup, protocols and effects upon the patient, both physical and emotional, presented.
(24 hours lecture and clinical)

06. Cancer Surgery and the Role of the Nurse

Emphasis placed on loss experience by patient. Rationale for and possible complications from discussed.
(40 hours lecture and clinical)

07. Radiation Therapy and the Role of the Nurse

Principles regarding its use, complications of and supportive care during discussed.
(40 hours lecture and clinical)

08. Cancer and the Family

The impact of diagnosis and how family therapy may assist are discussed. Clinical involves participation at psych/social rounds.
(16 hours lecture and clinical)

Unit VII: Infectious Diseases (4 weeks)

01. Respiratory Infectious Diseases

Epidemiology, stages of, treatment and complications discussed with nursing's role emphasized.
(40 hours lecture and clinical)

02. Gastrointestinal Infectious Diseases

Epidemiology, treatment and complications of specific disease states reviewed. Nursing's role in management stressed.
(40 hours lecture and clinical)

03. Wound/Skin Disease States

Treatment and nursing management is gone into with nursing's role in alleviating discomfort emphasized.
(40 hours lecture and clinical)

04. Viral vs. Bacterial Sepsis

Signs and symptoms of sepsis, its treatment and complications and nursing management reviewed.
(24 hours lecture and clinical)

05. Effects of Isolation Upon the Child

Theoretical beliefs as to how different children may react are presented and the handling of such feelings by use of primary nursing and a team approach are discussed. Clinical involves documentation of reaction on kardex and theoretical support for assessment.
(16 hours lecture and clinical)

Unit VIII: The Operating Room/Recovery Room (3 weeks)

01. Sterility

The concept, measures to attain it, and what to do about breaks in are discussed.
(16 hours lecture and lab)

02. Surgical setup and Assisting in the O.R.

The appropriate setups for various surgeries are presented along with nursing's role in assisting.
(40 hours lecture and clinical)

03. The Role of the Circulating Nurse

Protocols and the legal aspects are reviewed in detail.
(32 hours lecture and clinical)

04. Recovery Room Nursing

Policies and procedures examined and essential monitoring skills taught.
(32 hours lecture and clinical)

Unix IX: The Emergency Room (4 weeks)

01. Physical Assessment Skills

Physical assessment guidelines for all age groups reemphasized and skills refined in clinical.
(24 hours lecture and clinical)

02. Medical Emergencies

History taking, assessment tools and immediate treatment measures are stressed. Skills such as ABG drawing assistance with intubation, etc. are focused upon in clinical.
(48 hours lecture and clinical)

03. Surgical Emergencies

History taking, assessment tools and immediate treatment measures are stressed.
(48 hours lecture and clinical)

04. Emergency Drugs

This is a comprehensive look at emergency medications, their effects and side effects as well as appropriate dosages.
(16 hours lecture and lab)

05. The Family in Crisis

Appropriate supportive measures and principles of crisis intervention are examined. Clinical time spent with psychiatric liaison.
(24 hours lecture and clinical)

Unit X: Ambulatory Nursing (2 weeks)

01. Introduction to the Clinic Setting

Screening techniques, protocols for immunizations and the general assisting with procedures are discussed.
(32 hours lecture and clinical)

02. Chronic Illness and the Family

The dynamics of family interaction and the impact of chronic illness upon it with nursing implications discussed.
(8 hours lecture)

03. Learning Theory

Principles of learning and their application in the clinic setting as well as class construction is examined.
(24 hours lecture and clinical)

04. Home Care Programs

The various programs available and their implementation and management are discussed. Clinical involves home visits.
(16 hours lecture and clinical)

Unix XI: Dialysis Nursing (3 weeks)

01. The Renal Patient

Perceptions of causation, pathophysiology and prevention are discussed. Effects on electrolyte balance and what signs and symptoms to expect are reviewed.
(16 hours lecture)

02. Dialysis Nursing

Basic concepts of hemodialysis, intermittent peritoneal dialysis and continuous ambulatory peritoneal dialysis reviewed. Clinical with "hands-on" contact.
(40 hours lecture and clinical)

03. Psychosocial Impact of Dialysis

Discussion of what recent research has brought to light on the reactions of people dependent on machines. What psychotherapeutic measures can and should be offered.
(16 hours lecture and clinical)

04. Chronic Illness and the Family

The dynamics of family interaction and the impact of chronic illness upon it with nursing implications discussed.
(8 hours lecture)

05. Dialysis Emergencies and Their Management

Disconnection of shunts, hypovolemia, etc. are discussed and nursing's role in detecting and managing emphasized.
(16 hours lecture and lab)

06. Learning Theory

In order to maximize the home-training program, learning theory is explored. Clinical involves teaching in the home situation also.
(24 hours lecture and clinical)

Procedure for Implementation

The program coordinator will be the Assistant Director of Education. The planning committee, which will set everything in motion, will be essentially comprised of the clinical specialists from the particular areas. The instructors will be these same master-prepared clinical specialists as they are best versed in teaching and learning theory. Unit I will be a shared responsibility.

The instructors will be functioning on somewhat of a generative-creative level (Tanner, 1975, p. 637). The curriculum will be reviewed by attending faculty and administrative staff on the units (particularly as they will be the eventual evaluators) prior to each implementation. Questions of priority and relationship will be addressed. Any change will be clearly defined and well communicated. Emergent problems in nursing care can function as centers of curriculum organization, but attempts will be made to keep to the basic structure. Physicians and other liaison personnel-psychologists, social workers, etc. will be asked to lecture at regular intervals. Broad principles of pediatric

care will be reinforced throughout the different courses as particular needs associated with particular diagnoses are discussed. Teachers at this level are continually evaluating their effectiveness and weekly feedback is asked for and expected. Ideas and perspectives of students are pressed for. Instructors at Childrens have total responsibility for the curriculum and are expected to exercise professional judgment in c nstructing it.

Approved practices of instruction used, among others, will be application of skills (why classroom and unit experience is so mixed), observation, participation, experimentation, and problem-solving.

Learning is dependent in no small way on whether the learner sees value in what she is doing therefore objectives for each course will be clearly stated at the outset so students may realize why they are performing a given task and what they will eventually show for their efforts.

Materials would include only current articles, particularly those dealing with research advances in the field and suggested texts as well as appropriate AV adjuncts. All lectures are accompanied by outlines so the progression is obvious. Facilities include conference rooms on the individual units and a library reading room equipped with teaching aids-videotape machines and tape recorders.

So as to maximize curriculum development and incorporate formative evaluation, Sriven (Tyler, 1967, p. 57) has recommended external judgments as to the correlation of goals, context and

proposed testing materials. This will be accomplished by random monitoring of classes and reviewing of exams by clinical specialists in specific subsystems, i.e. the respiratory clinical specialist and by clinical instructors from the units. Childrens employs clinical specialists within each specialty of nursing and specialists in fields that transcend particular units. There are also 2 - 4 clinical instructors per unit. Consultation with them following hopefully will promote continued cohesiveness of these three elements. Only by employing this process can the "pay-off" evaluation help to define where changes are needed. It is the nature of the mistakes that must be looked at and evaluated for curriculum revision.

Childrens, being the research and teaching institution it is, has a very open attitude toward change, and this program very much fits these values. Individual courses existed prior but there were no unifying concepts present and nursing administration asked for this as floating seemed inevitable.

Evaluation Scheme

Evaluation serves the purpose of clarifying objectives.

Objective One

> 90% of those initiating their mandatory courses will complete them and achieve an 80% passing score on a final comprised mostly of short-answer questions and 1 - 2 essays covering the material in that unit.

A pre-test is part of the evaluative process and measures individual achievement as well as program effectiveness. Following each unit, a closed book short-answer and essay

question exam will be given. Tests will be assessed by the planning committee and consultants for validity and reliability. As short-answer tests do not effectively test creativity, conceptual learning, and integration of knowledge, and we are interested in depth as well as breadth of knowledge, essay questions presenting problem situations and how and why one would react to them, will form a component of the final. The final and its format would be mentioned at the beginning of the course. Studies have shown that essay test preparation is possibly a more effective means of learning than when students prepare solely for short-answer tests. The tests will be corrected and returned on the day of the exam. The exam may be repeated once. If failed a second time, the unit must be repeated prior to the employee being allowed to work in that particular unit. Scores will be recorded in the employee's file.

Objective Two

> Activities supervised on the Floor as "hands-on" training will be broken down into component parts and each part labeled critical/non-critical. 95% of all students will complete 80% of such procedures correctly with all critical aspects carried out correctly.

"Hands-on" will immediately follow didactic presentations and clinical instructors on the unit will assist in this process. Such a mixture has been shown to increase confidence, self-assurance, recall of learning and motivation. Labs in lecture will preceed all clinical performance. A fail under either of the circumstances mentioned in the objective would warrant

a repeat supervised performance. Two fails and the student must repeat the didactic presented for that particular behavior before she can perform it again. Scores will be recorded in the employee's file.

Objective Three

> 90% of participants will receive a "satisfactory or above" on their six month performance evaluation which will be filled out by their immediate supervisor in the clinical area six months after completion of the course. Such evaluations will look at clinical competence, contributions to the nursing care plan gathered from assessments, interpersonal skills and participation on committees.

Nursing care plans are kept on file in many units once the patient is discharged. Chart auditing otherwise is performed. Committee participation goes through the head nurses.

Objective Four

> 80% of all graduates will, within six months following completion of the course, subscribe to a professional magazine specific to their area of interest.

This information will be collected by questioning all graduates. Notations will be made in their files.

Objective Five

> 70% of all graduates will, within one year following the program, show evidence of personal growth and enhanced interpersonal and communication skills by applying for primary nurse positions (if available on their unit). The primary nurse program is coordinated through the clinical specialists on the units.

Objective Six

> Float personnel, three months following their finishing, will attest to an increased degree of comfort when floating and a 50% decrease in nursing errors by float personnel will be seen.

Float pool personnel will be interviewed for this information. Nursing errors are documented in incident reports which are

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kept centrally filed in the nursing office.

Procedures for Curriculum Revision

As we feel that RNs and LVNs applying for positions in our units are highly motivated, we see a failing grade by 25% of each class on the didactic and/or clinical components as suggestive of poorly organized, presented or tested material. At the end of each week, as clinical competency tests are completed, each student is asked for an evaluation of the prior week's work both in class and the unit. Suggestions for improving the learning process are encouraged. Each clinical specialist must then evaluate, with the help of her consultants or clinical instructors, what the unit may need. If the curriculum is found to be lacking in some aspect, failures will not prevent the person from working in the unit.

If performance evaluations six months following do not meet the stated objective, they will be carefully analyzed to see if a particular trouble spot can be pinpointed. The planning committee will meet quarterly to review this specific data.

Personal and professional growth objectives (4 and 5) will guide revision of Unit I. Data will be collected from graduates as to why such objectives were not achieved by them. It will be recognized that most of Unit I's aims can be seen in the six month performance evaluation and only partial achievement of Objectives 4 and 5 may not reflect on the curriculum but be a matter of the individual's perspective as to how to further herself in the profession.

If no improvement in float personnel errors is seen, Unit I curriculum may need to be reanalyzed for deficient areas by looking at the nature of the errors, or possibly the float pool made more decentralized and more than one unit become mandatory for them. Float help will be asked their opinions as to improving preparation for floating.

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